



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Deweese	Garen	R.	543-5806
MAILING ADDRESS (Street)			FAX
P. O. Box 2750			543-7202
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96840-0001	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

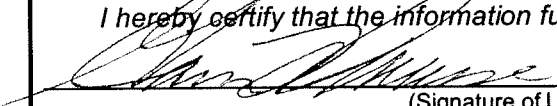
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Electric Light Company, Inc.			935-1171
MAILING ADDRESS (Street)			FAX
P. O. Box 1027			969-0100
(City)	(State)	(Zip Code)	
Hilo	Hawaii	96721-1027	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Marcia Wright			543-5860
MAILING ADDRESS (Street)			FAX
P. O. Box 2750			543-7202
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96840-0001	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

XX Agriculture	Education	Human Services	XX Science, Technology & Economic Development
XX Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
XX Consumer Protection & Commerce	Hawaiian Affairs	XX Labor & Employment	XX Transportation
Culture, Arts, Historic Preservation	XX Health	XX Planning, Land & Water Use Management	Other: (indicate below)
XX Ecology, Energy Environmental Protection	Housing	XX Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

  
(Signature of Lobbyist)

Jan. 9, 2007

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Molly M. Egged

Secretary

NAME OF ORGANIZATION (if applicable)

Hawaiian Electric Company, Inc.

TELEPHONE

543-7728

MAILING ADDRESS (Street)

P. O. Box 2750

FAX

203-1146

(City)

Honolulu

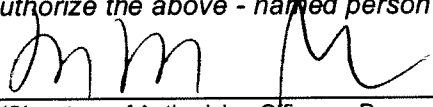
(State)

Hawaii

(Zip Code)

96840-0001

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

  
(Signature of Authorizing Officer or Person Represented)

Jan. 9, 2007

(Date)